Annual Report
1987
Health Department

city of Regina

City of Regina Council

Standing (L to R):
D. Archer, J. McKeown,
R. Langgard, W. Gray,
D. Hamilton, M. Hanley.
Seated (L to R): W. Wells,
D. Hincks, L. Schneider,
T. Cholod, G. Helmsing

Community Services Committee*

Councillor D.E. Hamilton, Chairperson
Councillor W. A. Wells, Vice-Chairperson
Councillor D. R. Archer (Jan. to July)
Councillor G. Helmsing
Councillor J. McKeown
His Worship Mayor L. Schneider, Ex-officio

*The Board of Health is comprised of the same members

Senior Administration

Left: R. Linner,
City Manager

Right: J. Spencer
Senior Director of
Community and
Social Services

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City of Regina Health Department
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(306) 777-6600

Report of the Medical Health Officer

Dr. P. A. Hutchison
Medical Health Officer

The mission statement of the department has been articulated as follows:

> "The purpose of the Regina Health Department is to prevent and control disease, and to protect, promote and improve the health of Regina citizens by utilizing a co-ordinated community approach."

This statement including general goal areas appears on page 7 .

Particularly in recent years, there have been ever increasing efforts to highlight the health promotion message in the community. Public health has always been concerned with the overall community's well-being, but increasingly it is evident that each of us has an individual responsibility for personal health. In addition to the traditional regulation role, the department strives to provide education, motivation and services, as well as influence public policy so that each individual and all of society can benefit.

Administrative Highlights

Reorganization

The past year has been one of reorganization throughout the City administration. The Health Department lost the permanent assistant nutritionist position - although we have been fortunate to be able to continue to hire on a part-time basis. Since one of the important thrusts in heart health and cancer prevention involves nutrition interventions, I am hopeful that no further reductions will take place in this staffing complement.

Budget

The Health Department budget in 1987 was $2,748,400 a 2.2% increase over 1986. This total amounts to $15.41 per capita. Although the Provincial Health Grant (25% of Health Department budget) did not undergo the 1% reduction experienced by city general operating grants, nevertheless, the Health Department, along with other City departments, was required to reduce the requested budget by 2%. This was accommodated primarily by some minimal reduction in service and by deferring the filling of vacated positions.

Provincial Grant

In recent years the Health Department budget has been 75% funded by the city and 25%

from the Health Grant. In order to increase the proportion from the province and also to increase the total amount of funding for preventive health services in both Regina and Saskatoon, the administrations of both cities negotiated with the province during 1985. A tentative agreement resulted, but was not put in place during 1986 or 1987. However, at the end of 1987 we were pleased to learn that the agreement had been ratified by the province and increased funding for the "maintenance and improvement of public health services" would be forthcoming during 1988. Furthermore funds would be retroactive to 1987. This will enable the department to consider some long overdue programing initiatives without straining city funding.

Audit

City Council adopted a policy that all city departments must undergo a "value for money" audit every five years. The Health Department, along with others, was scheduled during 1987. Coopers and Lybrand with a public health consultant and the City's Corporate Policy and Strategic Planning Department carried this out in late 1987. The report will be made to Council in 1988.

Program Highlights

Communicable Disease Control

There has been considerable activity during the year in this regard.

Computerization - A major development has been the computerization of communicable disease reports within the department. This has greatly assisted staff in the reporting and follow-up of cases.

Food Poisoning Outbreaks - Two major food poisoning outbreaks occurred in rapid succession in late June and early July. The first, in a chronic care facility, involved Salmonella heidelberg. The second outbreak involved Campylobacter jejuni in an acute care hospital. In both cases, all necessary measures were taken by the institutions and Health Department to control these outbreaks.

Pertussis - For the second time since 1983, we have had pertussis reported. In total there were three cases in 1987 all in unimmunized or partially immunized infants.

Rabies - Human exposure to a cat which proved positive for rabies resulted in eight persons receiving vaccine.

The section on Communicable Disease Control will provide more detailed information.

AIDS/STD: The incidence of most sexually transmitted diseases including AIDS remained unchanged compared to 1986. There were three cases of AIDS reported making a total of ten cases in Regina since 1985. It is noted that during 1987 only AIDS disease was reportable, not HIV infection alone. Because Saskatchewan and Regina have not had the incidence of disease that larger Canadian cities have, it provides an excellent opportunity to take steps to prevent this infection spreading. Prevention of this serious disease through education is a priority. In all, over 80 presentations have been made by department staff during 1987. In addition, the Public Health Nursing Division and City Occupational Health Nurse have cooperated in making presentations on AIDS and Communicable Disease Control to Fire Department staff.

On November 27, the department was one of the sponsors for a very successful all-day conference on AIDS. Further information about the conference appears in the Health Education and Promotion Section of this report.

On December 3, the first meeting of the Health Department's AIDS Advisory Coordination Committee took place. About 20 community organizations representing schools, social services, AIDS Regina, Human Resources, Legal, Occupational Health, Police and Fire, etc. were present. It is hoped this committee will have a maximum impact on utilizing scarce resources in AIDS prevention in Regina.

Healthy Cities

Dr. T. Hancock was invited to speak to three separate groups on November 25 regarding the Healthy Cities Project. This is a concept which emphasizes that health encompasses the entire community and all sectors need to work together to attain a healthy community. It is hoped that a practical application can be developed in Regina.

Regina Health Survey

The results of the 1984 Regina Health Survey were published and the findings are thought to be still relevant. A summary appears on page 8 .

Smoking

Smoking cessation and health education remain an important activity of the department.

- In February, a "Smoke in the Workplace" City Hall committee was appointed by the City Manager. The Biostatistician is a non-voting member and has acted as a facilitator and advisor.

- The "Smoke in the Workplace" Committee designed and analyzed a survey of all City employees and developed a policy which City Council has adopted designed to make the workplace smoke-free. This was implemented in the fall.

- On May 1, Council designated City arenas as smoke-free.

Demand for the department's "Quit For Good in the Workplace" program remained high during 1987 with ten businesses requesting and paying for programs.

Retirement

In June, Mrs. Ruth Vawter, Senior Nutritionist, retired after 22 years with the department. She was the first appointment to the position and so was instrumental in establishing our excellent program. Ms. Liz McLelan, her assistant, was promoted to ably fill the position.

Miscellaneous

A number of program evaluations and surveys have been done during 1987 (Healthiest Babies Nutrition Consulting Program, Cathedral Area Wellness Clinics); surveys have been carried out regarding immunization status; space was provided at the Branch office for the half-time coordinator working with the Regina Child Abuse Prevention Committee; public health inspectors have emphasized food handlers'

courses and provided inspection services for all Western Canada Summer games food establishments. Job descriptions for all positions in the department have been updated.

The above only provides some of the highlights of the year. More complete detail will appear in the following reports.

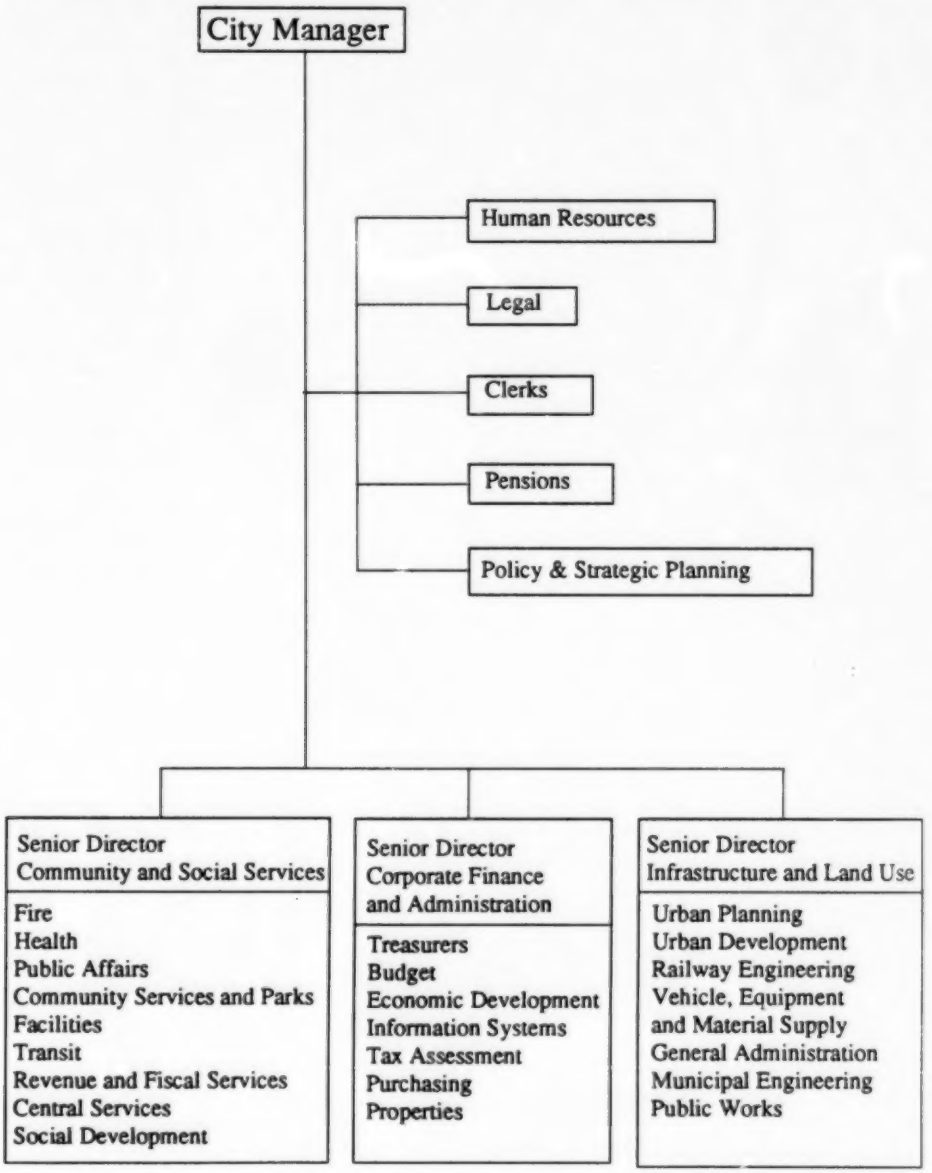
Once again I express my appreciation to the Health Department staff for their dedication, enthusiasm, flexibility and expertise in providing preventive health services to the citizens of Regina. I wish also to thank the City Council, the City Administration, the media and the community in general for their support during 1987.

Respectfully submitted,

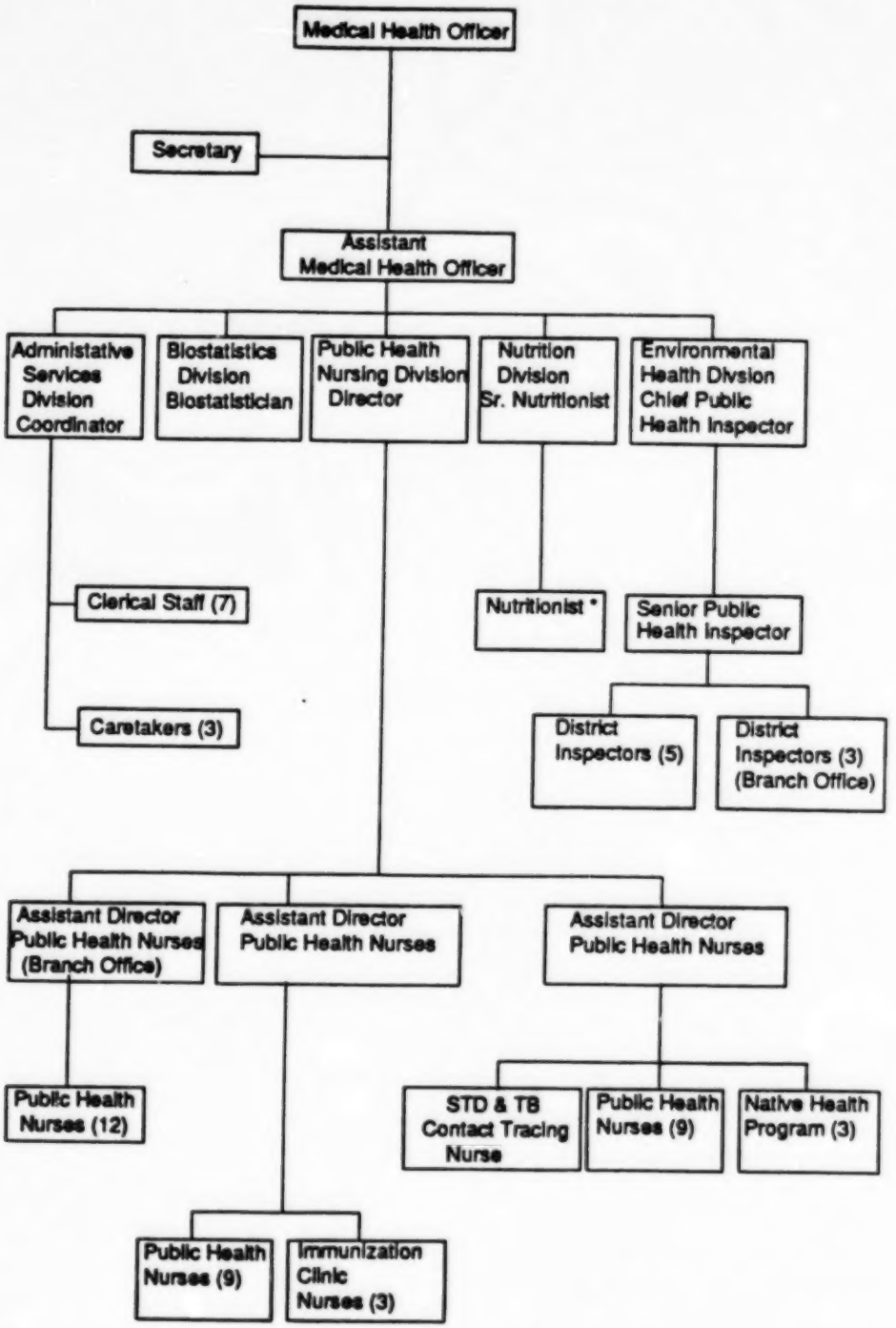
P. A. Hutchison

P. A. Hutchison, M.D.,F.R.C.P(C)
Medical Health Officer

Organization Chart - City of Regina



Organization Chart - Health Department


Medical Health Officer
Secretary
Assistant Medical Health Officer
Administative Services Division Coordinator
Biostatistics Division Biostatistician
Public Health Nursing Division Director
Nutrition Division Sr. Nutritionist
Environmental Health Divsion Chief Public Health Inspector
Clerical Staff (7)
Caretakers (3)
Nutritionist *
Senior Public Health Inspector
District Inspectors (5)
District Inspectors (3) (Branch Office)
Assistant Director Public Health Nurses (Branch Office)
Assistant Director Public Health Nurses
Assistant Director Public Health Nurses
Public Health Nurses (12)
STD & TB Contact Tracing Nurse
Public Health Nurses (9)
Native Health Program (3)
Public Health Nurses (9)
Immunization Clinic Nurses (3)

* Permanent position changed to casual part-time

Mission of The Health Department

The purpose of the Regina Health Department is to prevent and control disease, and to protect, promote and improve the health of Regina citizens by utilizing a coordinated community approach.

Goals

1. Communicable Disease Control
   - To prevent incidence of communicable disease in as far as possible through health education.
   - To provide a universal and accessible immunization program.
   - To apply appropriate legislation in identification, follow-up and prevention of the spread of reportable communicable disease.

2. Environmental Health Control
   - To ensure that public health standards are maintained in the community relative to food, water, human waste, housing, air, surrounding environment, pest control, safety and personal services through application of legislation and planned programs.
   - To prevent the incidence of disease through education and planned programs.

3. Health Education/Promotion
   - To develop and offer information, programs and services which are accessible, understandable, reliable and which will encourage good health.

4. Coordination/Liaison
   - To assure and foster a coordinated approach between the Health Department and various professionals and community and governmental agencies regarding investigation, application of legislation, programing and referrals.

5. Research/Evaluation/Monitoring
   - To assure communicable disease and vital statistics are accurately recorded, compiled, monitored and analyzed.
   - To identify public health needs in the community.
   - To assure appropriate programs and reports through use of departmental resources and by cooperation with other departments within the directorate and corporation.
   - To apply efficient management practices including computerization within the department's operation.

6. Counselling/Support
   - To provide counselling and support for individuals and groups with health problems and concerns.

7. Application of Legislation
   - To assure consistent, appropriate and coordinated application of relevant legislation.
   - To participate in developing and updating legislation.

8. Advocacy
   - To identify major health issues, gaps in service and funding requirements and to bring these to the attention of Council, the public, or other relevant persons or agencies.

9. Community Involvement
   - To foster input and involvement of the general public in provision and evaluation of our programs and services.
   - To encourage volunteers for programs where appropriate.

10. Staff Development
    - To assure the members of staff have the opportunity to maintain a current and updated knowledge of their particular area of expertise.

1. Regina Health Survey

Five thousand Regina citizens 18 years and over, were surveyed regarding personal health and use of health services in 1984. Over 53% responded, providing the City with a profile of the health of Regina citizens.

Among the findings were the following:

- 80% of Reginans perceived their health to be 'good' to 'excellent'.
- Respondents from low-income families rated their health as poorer than high-income families.
- Women were more likely to consider themselves overweight than men, but men were more likely to actually be overweight than women.
- The majority of Reginans were relatively happy. Those with troubling emotional problems tended to be: younger, female, single parents, and have some difficulty with their physical health.
- Regina women were less likely to have pap smears and carry out monthly breast self-examinations.
- Respondents reported some difficulty in gaining access to specialists in Regina.
- 69% of respondents worked in the paid labor force; 49% of these reported being very happy with their work situation.
- Stress was frequently experienced particularly in highly paid, skilled, somewhat older workers. Stress was also one of the two prime reasons for changing jobs.
- 32% of Reginans smoked. Young women in the childbearing years represented the highest percentage of smokers.
- 86% of Reginans use alcohol. Compared to the rest of Canada, Regina has a somewhat lower percentage of heavy drinkers and a somewhat higher percentage of light drinkers. 69% began drinking before the legal age.
- 30% of Regina drinkers overestimate their ability to consume alcohol and drive.

2. Other Studies and Surveys

A number of studies and surveys were done in 1987. The purpose of these was to assess the health needs of Regina's population and to evaluate the impact of the department's programs and services. The studies included the following:

- Evaluation of the Cathedral Wellness Clinic for Senior citizens.
- Analysis of information about prenatal class registrants (see page 27)
- Assessment of school health records.
- Survey of the immunization status of Regina Kindergarten children (see page14)
- Survey of senior citizens to determine preferred nutrition education methods (See page 25)
- Evaluation of "Healthiest Babies Possible" Nutrition Program. (See page 24)

More detailed information concerning these studies can be received by contacting the Health Department.

Statistics

1. Overview

The estimated population of the City of Regina on June 30, 1987 was 178,520.[1] This represents an increase of 1.3 percent over the 1986 population. In the last twenty years, Regina's population has increased between 1 to 2 percent each year. Birth rates and death rates have stabilized with minor fluctuations. Neonatal mortality, perinatal mortality and stillbirth rates have decreased over the last decade.

Table 1. Statistics Summary, Regina, 1983 to 1987

		1987	1986	1985	1984	1983
Population		178,520	176,231	175,159	172,340	169,120
Live Births	-number	3,114	3,179	3,205	3,185	3,033
	-rate[2]	17.4	18.0	18.3	18.5	17.9
Deaths	-number	1,127	1,103	1,117	1,079	969
	-rate[2]	6.3	6.3	6.4	6.3	5.7
Natural Increase	-number	1,987	2,076	2,088	2,106	2,064
	-rate[2]	11.1	11.8	11.9	12.2	12.2
Infant Mortality[5]	-number	31	35	33	35	33
	-rate[3]	10.0	11.0	10.3	11.0	10.9
Neonatal Mortality[6]	-number	17	19	23	23	24
	-rate[3]	5.5	6.0	7.2	7.2	7.9
Perinatal Mortality[7]	-number	29	31	27	38	41
	-rate[4]	9.3	9.7	8.4	11.9	13.4
Stillbirths	-number	20	16	10	20	20
	-rate[3]	6.4	5.0	3.1	6.3	6.6

[1] S.H.S.P. Covered population
[2] per 1000 population
[3] per 1000 live births
[4] per 1000 live births and stillbirths
[5] Death of infants less than one year of age
[6] Death of infants less than one month of age
[7] Death of infants less than one week of age plus stillbirths

Figure 2. Regina Births and Deaths, 1921 to 1987

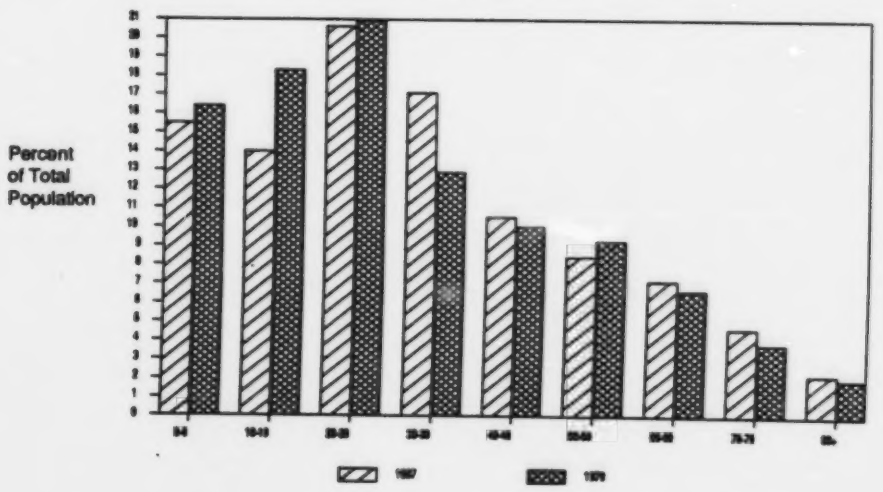
2. Population

Table 2 reports the population of Regina by five year age groups and sex. The percent distribution of each age group is also indicated. Figure 1 illustrates changes in certain age groups in Regina's population over the last ten years. In particular, there has been an increase in the 30 to 39 year age group and in senior citizens.

Table 2. Population of Regina by five year age groups and sex, 1987

Age Group	Population			Percent		
	Male	Female	Total	Male	Female	Total
Under 1	1437	1402	2839	0.8	0.8	1.6
1- 4	5974	5680	11654	3.3	3.2	6.5
5- 9	6790	6337	13127	3.8	3.5	7.4
10-14	6241	5968	12209	3.5	3.3	6.8
15-19	6532	6246	12778	7.7	3.5	7.2
20-24	8617	9100	17717	4.8	5.1	9.9
25-29	9671	9427	19098	5.4	5.3	10.7
30-34	8716	8441	17157	4.9	4.7	9.6
35-39	6774	6617	13391	3.8	3.7	7.5
40-44	5282	5214	10496	3.0	2.9	5.9
45-49	4100	4219	8319	2.3	2.4	4.7
50-54	3814	3821	7635	2.1	2.1	4.3
55-59	3676	3753	7429	2.1	2.1	4.2
60-64	3133	3554	6687	1.8	2.0	3.7
65-69	2635	3310	5945	1.5	1.9	3.3
70-74	1918	2843	4761	1.1	1.6	2.7
75-79	1327	2046	3373	0.7	1.1	1.9
80-84	752	1396	2148	0.4	0.8	1.2
85-89	351	766	1117	0.2	0.4	0.6
90-94	139	330	469	0.1	0.2	0.3
95+	48	123	171	0	0.1	0.1
Total	87927	90593	178520	49.3	50.7	100.0

Figure 1. Regina population by certain age groups, 1978 and 1987



3. Births

Regina's birth rate, having fallen in the 60's, has remained relatively unchanged over the last ten years (See Figure 2). In 1987, the birth rate was 17.4 per 1,000 live births. However, there has been an increase in the percentage births to single mothers - from 17.4% in 1978 to 23.9% in 1987. During this same period, births to teenage mothers have remained around 10.3%.

Table 3. Regina births by age and marital status of mother, 1987

Age	Marital Status				Total Births	
	Married	Single	Divorced	Widowed	Number	Percent
10-14	0	5	0	0	5	0.2
15-19	43	271	1	1	316	10.1
20-24	538	300	8	0	846	27.2
25-29	1004	117	23	0	1144	36.7
30-34	598	46	18	2	664	21.3
35-39	111	5	4	2	122	3.9
40-44	16	1	0	0	17	0.5
45+	0	0	0	0	0	0.0
Total	2310 (74.2%)	745 (23.9%)	54 (1.7%)	5 (0.2%)	3114	100

4. Deaths

Over half of Regina deaths are due to either heart disease or cancer. Table 4 lists the major causes of death as they occur in male and female populations. Regina suicide statistics reflect the often reported ratio of the occurrence of three male deaths for each female death.

Table 4. Deaths by Major Causes and Sex, 1987

Major Cause of Death	Number of Deaths			Death Rates[1]		
	Male	Female	Total	Male	Female	Total
Heart disease	174	174	348	197.9	192.1	194.9
Malignant neoplasms	155	133	288	176.3	146.8	161.3
Cerebrovascular disease	45	65	110	51.2	71.8	61.6
Pneumonia	27	23	50	30.7	25.4	28.0
Accident	22	18	40	25.0	19.9	22.4
Diseases of the arteries	21	13	34	23.9	14.4	19.1
Suicide	18	6	24	20.5	6.6	13.4
Diabetes mellitus	6	16	22	6.8	17.7	12.3
Perinatal Mortality	9	5	14	10.2	5.5	7.8
Cirrhosis	6	6	12	6.8	6.6	6.7
Bronchitis, emphysema & asthma	6	5	11	6.8	5.5	6.2
Congenital malformation	1	4	5	1.1	4.4	2.8
Others	85	84	169	96.7	92.7	94.7
All causes	575	552	1127	654.0	609.3	631.3

[1] per 100,000 population

Table 5 reports the potential years of life lost for Regina residents. This represents the number of years lost due to premature death before the age of 70. Potential years of life lost are reported for all causes of death and for certain specific causes.

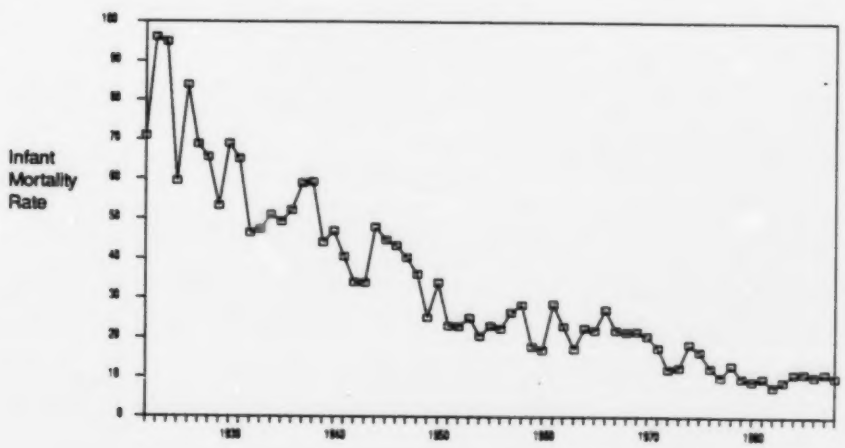
Table 5. Potential Years of Life Lost, Regina [1,2]

Causes of Death	Male	Female	Total
Malignant neoplasms	807	927	1734
Accidents	1287	300	1586
Perinatal mortality	904	209	1112
Heart disease	908	80	988
Suicides	310	248	558
Cerebrovascular disease	97	175	272
Pneumonia	48	75	122
Other Causes	1703	1014	2716
All Causes	6062	3026	9087

[1] The number of years lost due to premature death, before the age of 70.
[2] Source: Vital Statistics by Health Region, 1986 - Saskatchewan Health.

Figure 3 illustrates the fall in infant mortality rate. Infant mortality has long been considered an indicator of the health status of the population.

Figure 3. Infant Mortality, Regina, 1921 to 1987



5. Comparative Statistics

Comparison statistics are of interest, but are available only up to 1986. Comparison of statistics between different regions must be done with care. Statistics for events such as births and deaths will be influenced by the age and sex composition of the population. In order to facilitate comparisons, populations may be 'standardized' or made similar in age and sex distribution. This will minimize the effects caused by these differences.

Table 6 reports selected mortality statistics for the province, health regions and the cities of Regina and Saskatoon. Life expectancy is the average age at death of a cohort born today, if the present mortality rate continued. The death rate is the number of deaths per 100,000 population. The death rates have been standardized such that they are those which would be experienced by the area if it had the age/sex distribution of a standard population, in this case, the 1976 Canadian population. PYLL is the 'Potential Years of Life Lost' and represents the number of years lost due to premature death (before the age of 70). The rate is the number of PYLL before 70, per 1,000 population aged less than 70. The PYLL rate has similarly been adjusted for the age/sex composition of the population less than 70.

Table 6. Selected Mortality Statistics: Saskatchewan, Health Regions and Cities of Regina and Saskatoon, 1986[1]

Health Region	Life Expectancy[2]			Standardized Death Rate[3]			Standardized PYLL Rate[4]		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total for Saskatchewan	73.3	80.0	76.5	660	482	576	76.4	39.9	58.5
City of Regina	73.1	80.1	76.7	678	485	573	72.3	37.4	54.9
City of Saskatoon	74.6	80.0	77.4	599	519	556	63.6	32.0	47.7
Swift Current Health Region	71.9	79.5	75.5	701	485	599	96.2	56.2	76.6
Moose Jaw/Assiniboia/Gravelbourg Health Region	73.2	79.8	76.4	680	476	580	75.2	45.3	60.5
Weyburn/Estevan Health Region	74.3	80.0	77.0	609	474	550	62.2	37.3	50.4
Regina Rural Health Region	74.7	81.9	78.0	587	399	504	68.6	24.6	47.3
Rosetown/Biggar/Kindersley Health Region	71.0	81.8	75.9	774	424	609	103.5	29.0	67.8
Saskatoon Rural Health Region	75.6	80.4	77.8	559	460	522	56.5	36.4	46.6
Yorkton/Melville Health Region	73.1	79.9	76.2	698	469	596	71.5	45.8	59.3
Melfort/Tisdale Health Region	73.1	81.3	76.8	644	422	545	90.8	35.4	64.5
Prince Albert Health Region	72.7	78.8	75.6	705	512	619	82.0	53.1	68.0
North Battleford Health Region	73.3	77.8	75.4	675	596	643	81.8	50.0	66.3
Northern Saskatchewan	68.0	76.5	71.6	897	619	777	137.5	66.0	103.6

[1]Source: Vital Statistics by Health Region, 1986 - Saskatchewan Health
[2]The average age at death of a cohort born today if the present mortality rate continued.
[3]The death rate the region would experience if it had the age/sex distribution of a standard population, the 1976 Canadian population.
[4]Potential Years of Life Lost - the number of years lost due to premature death (before the age of 70).

Communicable Disease Control

Prevention through immunization and control of communicable diseases remain a basic concern of the department.

Immunization

In 1987, 37,044 immunization procedures were administered to 21,505 individuals:

	Number of Individuals	Number of Procedures
Infants	7,966	15,565
Preschool	8,475	13,353
School	4,262	6,524
Adults	802	1,602
Total	21,505	37,044

The protection of all infants and children against the seven diseases — diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, Rubella — is the primary goal of the immunization program. Immunization is provided on a voluntary basis at clinics held at the department's main and branch offices, at numerous child health clinics throughout the city, and in Regina schools.

A survey of the immunization status of kindergarten children from Regina's 83 elementary schools revealed that 92.3% were fully immunized. However, of those incompletely immunized, 44% are concentrated in 12% (10) of the schools. These ten schools have an average of seven unimmunized children compared to 1.5 children in the remaining 73 schools. Incomplete status was due to health, religious beliefs, absenteeism, lack of returned consents, and delay in starting until school entry. The schools, except for a few exceptions, tend to be clustered in the core area.

Special immunizations are also provided to individuals or groups who are at particular risk. These include infants born to mothers with hepatitis B infection; household and close contacts of individuals with hepatitis A; individuals with potential occupational exposure to rabies as well as those who have received rabies prone animal bites; and international travellers.

The Health Department continued to be the designated yellow fever vaccination centre for southern Saskatchewan with 171 doses being administered in 1987. In all, 1,170 immunization procedures were administered to international travellers.

Delivery of Immunization Services

Infant visits for the purpose of immunization numbered 7,966 during 1987. Sixty-two percent of these infants received immunization through the CHC program and 38% attended "immunization only" clinics. A further 8,475 preschooler immunizations were administered through health department, comprised of 3,828 CHC visits and 4,647 (55%) immunization clinic visits. Some of the latter were made in conjunction with the four-year-old birthday checkup.

Location	Number of Individuals
Central Immunization Clinic (including Tues.-Thurs. Central CHC's)	7,523
Branch Office	7,430
-Immunization Clinic -2,104	
-Branch CHC's - 5,326	
All other Child Health Clinics	3,518
Schools	3,034

To meet the increased demand for services at the Branch Office, an additional fast flow, "Immunization Only" clinic was offered every Friday, commencing February 6, in addition to the previously offered Wednesday immunization clinic.

In 1987, the Immunization Manual was revised and an International Travel Manual was developed.

Communicable Disease

Food poisoning in public institutions was the major communicable disease event of 1987. Two outbreaks occurred in rapid succession. The first, in a chronic care facility, appeared in late June and involved Salmonella heidelberg. Forty-two people including patients and staff were infected. Although food was suspected as the source of infection, no samples were found to be positive. The second outbreak occurred in an acute care hospital in early July and involved Campylobacter jejuni. Twenty-six hospital staff became ill. No hospital patients became ill. Again, no particular food was identified, but epidemiological studies pointed to one of the salads which was served only in the staff cafeteria.

Considerable communicable disease activity also appeared in child care facilities, such as day care centres. Thirteen required surveillance because of isolated cases of infectious diseases. An additional two experienced outbreaks, one of scabies and one of head lice.

The vaccine-preventable diseases showed a continued low incidence or satisfactory decline. No cases of diphtheria, tetanus or polio were reported. The incidence of measles and rubella decreased with only six proven cases of measles reported, compared to 228 in 1986. There were no reports of confirmed Rubella as opposed to 62 in 1986. The three cases of pertussis (whooping cough) represent a slight increase over previous years (1 in 1986 and none in 1985 and 1984). However, all three occurred in very young infants, two of whom were partially immunized and had mild disease; the third was unimmunized and had severe disease with neurological complications.

There was a marked increase in incidence of chickenpox (1107 cases in 1987, 426 in 1986) which was the most frequently reported disease during 1987. This viral infection is a common, generally mild but highly contagious disease of childhood, over 90% of the population having contracted disease by late adolescence. Peak cycles of virus activity occur every three to five years. No vaccine program is currently available.

The increase in numbers of cases of Giardiasis (131 in 1987, 36 in 1986), a parasitic disease causing diarrhea, is partly accounted for by out of country travel (14) and asymptomatic carriers (14). A considerable number of cases were identified among young children in group care situations. Other jurisdictions have also noted a similar increase in the reporting of this disease.

The increased incidence of reported Hepatitis B cases and carriers is due to increased efforts and identification by physicians.

No cases of Western Equine Encephalitis were reported in 1987 and the incidence of other viral meningitis/encephalitis infections decreased from 17 in 1986 to two in 1987.

Sexually Transmitted Diseases

Of 594 notifications received for contact tracing, 354 (60%) were located and referred to their physician or public health clinic. A further 303 treated contacts were tested for adequacy of treatment.

The STD/TB nurse developed an STD Procedure Manual which contains the Venereal Disease Prevention Act, and policies and procedures concerning records and record keeping, contact tracing, resources, community liaison and statistics.

AIDS

Since AIDS became reportable in August 1984, there have been 10 cases reported in Regina, although a number of these acquired the disease elsewhere. Of these 10, there were 3 cases in 1987. Six have died. The cases reported represent overt disease; asymptomatic HIV infection is not reportable.

Tuberculosis Control

Tuberculosis cases reported to the department in 1987 numbered 15. A total of 12 contacts were located and examined by the TB clinic or physician. A further 143 persons, including review clients and new immigrants were notified of their need for examination and 122 were examined.

The STD/TB nurse developed a TB Procedure Manual which contains the Public Health Act, legal aspects, contact tracing, follow-up of immigrants, records, statistics, liaison and resources.

Communicable Disease Cases Reported in Regina, 1986-7

	1987		1986	
	Number	Rate[1]	Number	Rate[1]
Amoebiasis	6	3.4	n/a	n/a
Campylobacteriosis	113	63.3	73	41.4
Chicken pox	1107	620.1	426	241.7
Diphtheria-Cases	0	0	0	0
-Carriers	0	0	0	0
Gastroenteritis	341	191.0	390	221.3
Giardiasis	131	73.4	36	20.4
Haemophilus influenzae-type b[2]	0	0	2	1.1
Hepatitis A	24	13.4	42	23.8
Hepatitis A (Clinical)	3	1.7	38	21.6
Hepatitis B	36	20.2	15	8.5
Hepatitis B Carrier	35	19.6	15	8.5
Hepatitis-non A non B	0	0	1	0.6
Hepatitis-non A non B Carrier	0	0	n/a	n/a
Hepatitis-Unspecified	0	0	n/a	n/a
Influenza-Type A	0	0	n/a	n/a
Influenza-Type B	0	0	n/a	n/a
Legionellosis	0	0	0	0
Measles	6	3.4	228	129.4
Measles-Clinical	5	2.8	n/a	n/a
Meningitis (Bacterial)	5	2.8	7	4.0
Meningococcus	1	0.6	2	1.1
Haemophilus	2	1.1	4	2.3
Pneumococcus	0	0	0	0
Other	2	1.1	1	0.6
Mumps	7	3.9	1	0.6
Parasitic Skin Disease	517	289.6	397	225.3
Other Parasitic Diseases	0	0	2	1.1
Paratyphoid	0	0	0	0
Pertussis (Whooping Cough)	3	1.7	1	0.6
Polio	0	0	0	0
Psittacosis	1	0.6	n/a	n/a
Rubella	0	0	62	35.2
Rubella-Clinical	4	2.2	n/a	n/a
Salmonellosis	127	71.1	70	39.7
Sexually Transmitted Diseases:				
-Gonococcal	338	189.3	380	215.6
-Gonococcal Ophthalmia Neonatorum	0	0	1	0.6
-Syphilis	0	0	0	0
-Herpes genitalis	56	31.4	21	11.9
-Chlamydial infection	889	498.0	817	463.6
-Urethritis unspecified	7	3.9	10	5.7
-AIDS	3	1.7	3	1.7
-Other	0	0	0	0
Shigellosis (Bacillary Dysentery)	23	12.9	105	59.6
Tuberculosis-Respiratory	11	6.2	6	3.4
-Other	4	2.2	1	0.6
Typhoid	0	0.0	0	0
Viral Meningitis-Encephalitis	2	1.1	17	9.6
Western Equine Encephalitis	0	0	0	0
Yersiniosis	3	1.7	4	2.3

[1] per 100,000 population
[2] not meningitis

Investigation

Investigation, education and follow-up were done by public health nurses through phone calls, home visits, and school and day care screening.

Communicable Disease[1] Investigation

	1985	1986	1987
Total Home Visits	783	1,013	1,204
Day Care/Nursery School Screening	102	471	816
School Screening	3,760	6,096	9,134

[1] Excluding S.T.D.

Rheumatic Fever Program

Clients with rheumatic fever who are registered with this program received free either penicillin or sulphadiazine to prevent recurrent infection. During 1987, two patients were admitted and nine were discharged, for a decrease of seven. The number of recipients at year end for the past three years were: 1985-34; 1986-32; 1987-25.

Environmental Health Control

Food Control

Control and monitoring of food handling establishments such as restaurants, grocery stores, bakeries, butcher shops and food warehouses is a priority of the department. Monitoring of these establishments provides citizens with protection from unsafe and unwholesome food and thus plays an important part in communicable disease control.

With the growth of the city, more food handling establishments have opened thus increasing the need for inspection and education. Questions and complaints from the public primarily relate to suspected food poisoning and food safety.

Public eating establishments are licensed and graded by the health department. In 1987, 482 restaurants were in operation and forty of these required written orders about deficiencies. Four were down-graded.

Methods of handling and displaying bulk food items are an important concern. 397 inspections were made to grocery stores, meat markets, confectionaries, bakeries and food warehouses.

Increased efforts have been made to upgrade all food handling establishments through the use of educational materials and a food handling course developed by the department.

Erwin Zinger, Public Health Inspector, discusses temperature control as it relates to food handling practices

Water Sampling

The department routinely tests Regina water to ensure its safety. Twice weekly, samples are collected from the distribution system and bacterial analysis is done. In 1987, 721 samples were taken. In addition, field tests are done to ensure safe and adequate levels of chlorine. Tests are also done for pH, temperature and turbidity.

In the late summer, numerous complaints about odour and taste were received from the public. Following installation of the carbon filtration system, problems of odour and taste were diminished.

Housing and Community Environment (Property)

Poor housing and lack of proper maintenance continue to be a great concern to the department. A total of 1,300 housing and property inspections were made, resulting in 65 premises being placarded as unfit for human occupation under the Public Health Act. Efforts are being made to control slum dwellings. Ten premises which had been placarded were demolished and 39 placarded dwellings were repaired. It is interesting to note that in 1987 more placarded houses were repaired than demolished. Only four non-modern dwellings still remain in the city.

Placarded Dwelling Units, 1987

Months	Demolished	Repaired	Total
January-April	1	13	14
May-August	5	17	22
September-December	4	9	13
Total	10	39	49

It was necessary to utilize section 29 of the Public Health Act and sections 124, 130 and 132 of the Urban Municipality Act. These sections involve demolishing old housing or buildings, removing wrecked vehicles, removing refuse and cleaning up properties. Actions taken under this legislation have certainly resulted in improvements in the control of unsatisfactory conditions in the city. The general public and community service groups continue to maintain pressure for better controls on housing and property maintenance.

Continued demands are also made for inspections and reports on institutions such as special care homes, schools, group homes, boarding care homes and day care centres. Due to growing public interest in recreation and sports, efforts have once again been put into maintaining and improving sanitary and safety standards in all public playgrounds, parks, rinks and swimming pools.

Paddling pools were again refused permits. This resulted in five of the seven pools being converted into spray pools. The remaining two paddling pools remain a health concern and it is recommended that they be closed for public use until proper changes are made.

Other Inspections

Regular inspections and control measures have been carried out in other areas such as offices, barber shops, beauty parlours, malls, arcades, pool rooms, clubs and other public facilities. Newly established facilities are reviewed by inspectors in the field.

Carbon Monoxide Monitoring

Frequent carbon monoxide monitoring continued in City arenas during the fall and winter months. Tests were taken for levels of carbon monoxide at various times of the day in each facility. Continuous readout equipment has proved very valuable in this monitoring. Very few problems are now noted due to the conversion of all ice equipment to propane and also to having this equipment properly tuned. A number of spot checks have been done in homes where carbon monoxide was a possible concern. Some carbon monoxide problems have also been dealt with in underground parkades.

Bylaw Respecting Smoking in Public Places

This year the Health Department took over the administration of this bylaw. Administration involved monitoring of signage in public places as well as dealing with complaints from the public. Three hundred and fifty-seven inspections were made and 170 signs were distributed.

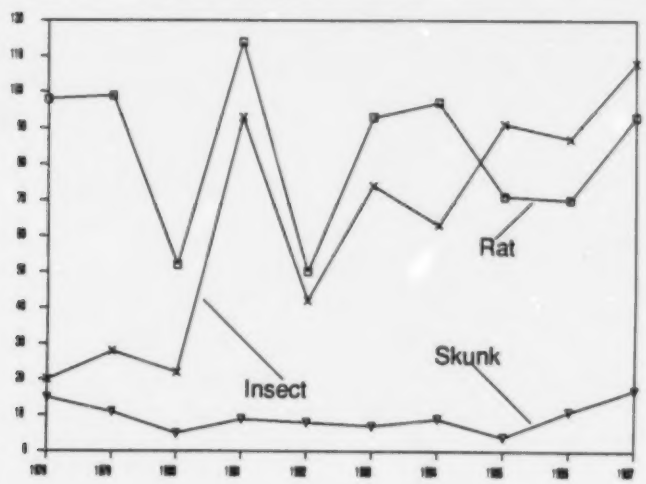
A review of smoking policies for City owned arenas and pools was also done. Smoking eventually was banned in arenas and restricted in indoor pools.

Rodent and Pest Control Program

This ongoing program is under contract with a number of pests (rabbits, pigeons, rats, skunks, etc.) being controlled. 1987 has once again been a very bad year for gopher problems. An increase in rats and skunk problems has also been noted.

Insect problems continue to be a concern. It appears that cockroaches are on the increase, bedbugs continue to be a problem, and sawtooth, grain beetle and meal moth are common.

Rat, Insect and Skunk Reports, Regina, 1978 to 1987



Animal Control

Twelve percent of complaints received are directly related to the keeping of dogs. These include yards not being kept clean; kennels too close to neighbours' property; barking and the number of dogs on a property. The Animal Control bylaw has been amended, particularly sections dealing with kennel location and cleaning of kennels. Enforcement of the bylaw has helped in dealing with some of the problems. Twenty actions were taken under Section 25 and forty-seven actions under Section 26.

Number of Animal Bites Reported in Regina by Age Group, 1987

Age Group	Jan-Apr	May-Aug	Sept-Dec	Total	Percent
0- 4	7	28	13	48	15.4
5-14	33	52	27	112	36.0
15-24	9	33	6	48	15.4
25-44	9	29	14	52	16.7
45-64	5	12	2	19	6.1
65+	3	7	2	12	3.9
unknown	5	13	2	20	6.4
Total	71	174	66	311	100

Dog bites continue to be a problem with 311 bites reported, an increase of 47 over 1986. The Federal Health of Animals Division, Department of Agriculture is now also involved in follow-up and rabies control procedures.

Reported Animal Bites, 1987

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	%
Animal not at large	4	3	9	12	19	20	10	12	3	2	9	3	106	34.1
Animal at large	7	1	5	7	14	20	13	10	5	7	3	5	97	31.2
Unknown	3	3	6	11	10	18	13	15	4	11	8	6	108	34.7
Total	14	7	20	30	43	58	36	37	12	20	20	14	311	100.0
Type of animal														
Dogs	13	7	19	28	35	50	29	32	12	19	15	14	270	86.9
Cats	1	-	1	4	8	6	7	3	-	1	5	-	36	11.6
Rats, bats	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Skunks	-	-	-	-	-	-	-	-	-	-	-	-	1	0
Other	-	-	-	1	-	2	-	2	-	-	-	-	5	1.6
Total	14	7	20	30	43	58	36	37	12	20	20	14	311	100.0

General

A total of 1,249 complaints have been received and investigated or referred to the proper authorities. A total of 886 verbal notices and 288 written notices or orders were issued for the year.

Complaints Received, 1987

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Housing	26	18	21	25	14	32	31	25	19	11	21	15	258
Yards/Properties	9	17	27	37	33	31	25	27	23	7	19	15	270
Yards/Animal Related	12	8	11	25	22	14	13	17	12	1	9	4	418
Wild Birds/Pigeons	2	3	3	-	6	7	4	2	6	3	3	3	42
Wild Animals	-	-	2	5	10	4	19	15	3	13	1	-	72
Rats/Mice	6	2	2	8	8	7	9	9	9	13	8	4	85
Insects	6	7	8	5	9	6	17	13	10	10	4	7	102
Water	5	9	4	2	1	3	1	2	5	1	4	3	40
Food/Food Stores	9	14	5	9	5	4	12	3	6	5	9	6	87
Public Eating Establishments	1	6	2	1	3	4	9	2	3	2	7	9	49
Garbage/Refuse	-	2	10	9	8	8	2	4	8	4	7	4	66
Public & Commerical Buildings	9	2	4	3	2	4	3	-	4	8	6	4	49
Recreation Areas	-	-	-	1	-	1	-	2	-	1	2	2	9
Air Pollution	6	3	9	4	4	3	5	4	7	-	3	3	51
Institutions	1	-	-	-	-	-	-	-	1	-	-	-	1
Schools	-	-	-	-	-	-	-	-	-	-	1	-	2
Miscellaneous	4	3	4	2	4	5	6	7	16	8	6	7	67
TOTAL	84	86	101	111	107	119	143	115	115	88	100	82	1249

Health Education and Promotion

1. Nutrition

Healthy nutrition facilitates optimal health and quality of life. Nutrition is strongly linked to heart disease, cancer and diabetes, which are prominent among the leading causes of death. Nutrition education is an important aspect of health promotion and disease prevention in Canada today. The following represent some of the ways that nutrition has been incorporated into the health promotion activities of the Department.

Educational Resources: Development and Evaluation

Resources developed included newspaper articles, session outlines, Vitamin D and Fluoride Guidelines for Infants and Children handout, bulletin board displays and other promotional materials. A total of 38 nutrition-related resources were developed, and 31 evaluated.

Inservices

The following inservices were given to the Public Health Nurses: Nutrition Month, Inservice Questionnaire Results, Diet and Breastfeeding, Diet and Cancer Prevention, Lean Life Cuisine, Activities for Prenatal Classes, "Big Ideas" Teacher Workshops, Eat-to-Compete School Contest, Prenatal and Infant Resources.

Prenatal Manual

Nutrition resources for prenatal classes were updated. Nutrition content in the Teaching Manuals, transparencies and handouts were revised and expanded. A revision of the prenatal and infant slide-tapes was begun.

Healthiest Babies Possible

The Healthiest Babies Possible Nutrition Program was evaluated after its first year of operation. Nutrition consulting is provided to the staff of Healthiest Babies Possible, a community-based prenatal outreach program directed by the Regina Native Womens' Association.

A total of 73 pregnant women or new mothers between the ages of 14 to 35 years were assessed by a nutritionist. The average age of the women was 21.0 years, and 47% were under the age of 20. Ninety-two percent of the women were found to be nutritionally at risk. In addition, 60 percent of the women were smokers.

The evaluation provided satisfactory evidence that the project was reaching an at-risk population, and that the Healthiest Babies Possible staff found the program useful, and constructive. The project was continued into 1988.

Teacher Workshops

"Big Ideas" teacher workshops, K-3 and 4-6 were begun in September. Resources were provided by the Saskatchewan Dairy Foundation, and training was given by the Ontario Milk Marketing Board. A nursing inservice and four teacher workshops were given. Thirty-five Kindergarten to Grade 3, and six Grade 4 to Grade 6 teachers participated in the workshops. Promotion of this exciting new program was unfortunately kept to a minimum due to the staffing situation. It is anticipated that teacher workshops will be a major growth area in the future.

Media

Since use of media multiplies health promotion messages, media has become a priority in nutrition education. A weekly newspaper column "Nutrition Matters" was continued. Nutrition interviews were co-ordinated twice monthly for CKCK Television and additional media coverage for Nutrition Month was also arranged.

Nutrition Month - March, 1987

Five nutrition interviews were arranged for local television stations. Over 500 elementary school students and 21 Health Department staff participated in the "Eat-to-Compete" contest. Library display cases and Health Department bulletin boards featured nutrition. The staff was given an inservice on the Nutrition Month activities and the nutritionists participated in the "Great Canadian Nutrition Challenge" celebrity grocery shopping race sponsored by the Saskatchewan Dietetic Association.

Seniors Research

A research project to determine the preferred nutrition education methods of seniors was conducted by a dietetic intern. The results from the survey on how seniors want to learn about nutrition were used to develop "Nutrition and Lifestyle Insights" a joint project of the Regina Health Department and Saskatchewan Health. The ten-week course was piloted at the University of Regina's Senior's Education Centre. Administration of this very successful program has been transferred to the University of Regina.

Nutrition presentations

Worksite presentations were offered to Sask Tel, Sears and the Federal Government. Presentations were also given to Quit for Good smoking cessation programs, Fitness Leader Certification courses, YWCA's Nanny Training Program and the Regina Open Door Society.

Issues

The nutritionists are involved in committees to work on various issues. A nutritionist is a member of the Child Hunger Coalition Steering Committee and the Provincial Nutritionists' Healthy Weights Strategy Committee.

Nutrition Statistics

		1986	1987
Nutrition Consultations		2,290	2,384
	-staff	947	837
	-public	1,343	1,547
Therapeutic Diet Counselling	-number	254	241
Group Presentations	-number	110	117
	-attendance	2,267	2,477
Resources -evaluated		66	31
-developed		33	38
Media Contacts-print		54	60
-radio		23	9
-television		15	31
Inservices		8	10

2. Expectant Parent Programs

In 1987, 30 public health nurses offered 494 classes at six locations including: Central and Branch offices (73%), the Plains (9%) and Pasqua (6%) Hospitals, Balfour Special Tutorial School (8%) and Martha House (5%). Participants included 833 mothers, 662 fathers and 138 coaches.

All early bird and regular series consist of six classes, except at the Pasqua Hospital where seven classes are offered. Sixty-five teens continued their education at Balfour Special Tutorial during pregnancy. Each attended an average of 10 prenatal classes. This year, all Single Mothers classes were offered at the Martha House location. These five less structured series reached 25 mothers and six coaches through a total of 30 classes

Prenatal Series and Classes

	1985	1986	1987
Early Bird[1] "Part A"			
Number of series	26	24	19
Number of classes	52	48	38
Early Bird[1] "Part B"			
Number of series	30	23	20
Number of classes	120	92	80
Regular Classes[2]			
Number of series	40	39	43
Number of classes	249	237	263
Refresher Classes[3]			
Number of series	10	8	11
Number of classes	30	24	33
Balfour Special Tutorial[4]			
Number of series	5.5	4.5	5
Number of classes	54	43	50
Single Mother Classes			
Number of series	3	2	See Martha
Number of Classes	18	12	House
Martha House Classes[5]			
Number of classes		31	30
Total number of prenatal classes	523	487	494
Total Female enrollment	887	958	833
-Single Females	211	165	165
Male enrollment	725	766	662
"Coach" enrollment (Male and Female)	113	106	138
Number of Regina births	3,205	3,179	3,114

1 Consists of two classes in early pregnancy and four classes in later pregnancy.
2 Six consecutive classes for those enrolling in later pregnancy.
3 Consists of three consecutive classes for those who have attended prenatal classes before.
4 For full-time students at Balfour Special Tutorial, a specialized educational setting for pregnant teenagers.
5 For women living at Martha House and for single women who prefer an afternoon series.

Cheryl MacLeod, Public Health Nurse, counsels expectant parents

Regina births in 1987 numbered 3,114, of whom 833 mothers (26.7%) attended Health Department classes. Prenatal teaching also was given at 155 home visits and 129 school counselling sessions involving 32 students. Births to single mothers numbered 745 for 24% of all births. Of these single women, 165 or 22% attended our prenatal classes. Class attenders (165) plus those counselled in schools (32) totalled 197, or 26% of all single women who gave birth during 1987.

The department is particularly interested in reaching women in their first pregnancy. It is, therefore, encouraging to know that over 90% of primiparas attend the department's program.

Prenatal classes offered in Regina through other agencies (YWCA, Regina Childbirth Education Association, Community Health Clinic) plus the one to one outreach of the Native Women's Healthiest Babies Possible program, reached an estimated total of a further 435 mothers and 345 fathers. This results in a estimated total of 1,300 Regina mothers receiving some prenatal classes or counselling, for a total of 41.7% of all births to Regina mothers.

Births to teens numbered 321, and accounted for 10.3% of all Regina births. Of these, 43 (13.4%) were married. At the time of delivery, ages were: 13-0; 14-5; 15-11; 16-40; 17-73; 18-90; 19-102. Therefore, 129, or 40% of teens giving birth are 17 years old or younger and of school age.

Study of Prenatal Class Registrants [1]

Information from prenatal registration cards was analyzed to provide a socio-economic profile of women attending the department's prenatal classes in 1987.

[1] excluding classes at Martha House

Type of Prenatal Class	Attendance Number	Percent
Regular	459	56.0
Early Bird	218	26.6
Refresher	78	9.5
Balfour Teens	65	8.0
Total	820	100.1

Because early prenatal education is important, the department wishes to encourage attendance at Early Bird Classes which begin in the early stages of pregnancy. Since only 26.6% attended these classes, further promotion of Early Bird classes will be necessary.

A comparison of those attending different classes indicated that Early Bird attenders tended to be older than attenders of Regular prenatal classes. Mothers who chose Early Bird classes were also more apt to have completed a higher level of education.

Prenatal Class Attendance, 1987

Type of Class	Percent Registrants Attending Classes 1	2	3	4	5	6
Regular	95	84	80	72	68	62
Early Bird	81	74	82	77	70	62
Refresher[1]	99	90	83			
Balfour Teens[2]	82	82	78	74	72	60

[1]Three classes only
[2]Attendance at classes 7 to 10 was 55-60%

Not surprisingly, those attending Early Bird Classes were more likely to have visited their physician within the first three months of pregnancy - 87% compared with 70% of regular attenders and 67% of Balfour Teens. Ironically, however, those who chose Early Bird were less likely than regular attenders to participate in Classes 1 and 2 aimed at healthful living in early pregnancy.

3. Family Planning

Although a formal family planning clinic is not offered by the department, birth control information is offered as a part of many public health nursing programs. These include: prenatal classes; postnatal home visits; office and telephone counselling; Family Life classes and staff and students in various schools.

4. The Community and AIDS Prevention Conference

On November 27th, the Health Department held a conference for health workers and the public. The purpose of the conference was to provide information about AIDS,

services available in the community, and strategies for prevention of the disease.

Sponsors of the conference included:

*Canadian Public Health Association.
*Saskatchewan Public Health Association.
*Health and Welfare Canada.
*Saskatchewan Health.
*City of Regina.

Participants attending the conference were provided with information about such topics as AIDS testing, confidentiality, safe blood supplies, counselling and descriptions of programs provided by various government departments and community groups. Conference kits containing up-to-date information on AIDS were also provided. Post-conference evaluations indicated that the 260 participants rated the conference very highly.

A Public Information Forum with many of the speakers from the conference was also held that evening.

The report of the Medical Health Officer outlines other efforts directed at this disease.

5. Health Education to Students

Public health nurses offered a wide range of health information topics to students in Regina schools. These included: Family Life (menstrual hygiene, teen pregnancy, foetal and child growth and development, foetal alcohol syndrome, peer pressure, sexual abuse prevention, effective communication, birth control); Communicable Disease (immunization, communicable diseases, STD/AIDS, lice, scabies), and General Health (nutrition, First Aid, burns, Cancer, breast self-examination, role of the public health nurse).

Classroom Instruction

	1985	1986	1987
Number of sessions	462	483	444
Number of students	10,119	9,148	12,262

6. Smoking

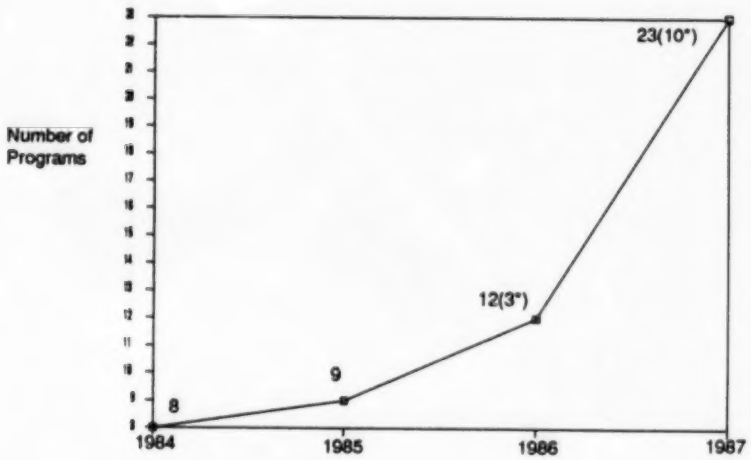
The Health Department continues to battle "Canada's number one preventable health problem." The percentage of smokers in the population has fallen both nationally and provincially. Although the decrease in smokers is gratifying, other statistics are more disturbing. The percentage of young women who smoke has not decreased. The Regina Health Survey indicated that 46% of Regina women 25 to 29 years of age smoked compared with 32% of the total population. Besides setting up a lifetime pattern of addiction, morbidity and mortality, smoking in this age group also presents great health risk during the child-bearing years. It is important to continue to target health programs to this group.

A significant step towards reducing smoking was taken with the promotion of federal Bills C-51 and C-204. Their passage will result in the banning of tobacco advertising and the inclusion of tobacco under the Hazardous Products Act.

Quit For Good

Public demand for the City's smoking cessation program is increasing.

Quit For Good Programs, 1984 to 1987



* workplace programs

Quit for good

With the trend towards smoke-free workplaces, many more smokers are deciding to 'quit for good'. The health benefits to the smoker, his/her family and the workplace are considerable.

This year, a Quit For Good program was also conducted on air with the CBC program "Afternoon Edition". A series of talks about quitting were also held at the Regina Public Library and information about quitting was provided to individuals who contacted the department.

National Non-Smoking Week (January 15-21)

This high profile week continued to receive good media coverage. The Health Department was involved in numerous interviews and media events. A number of displays were set up in the community and resource materials were supplied to City departments, Regina school teachers and various health workers. Highlight of the week was the Cornwall Centre fashion show with the theme "It's fashionable not to smoke!"

Regina teenagers promote "It's fashionable not to smoke!"

Workplace Smoking Policies

On the heels of a successful "Smoke in the Workplace" conference, the Health Department received a number of requests for assistance from Regina businesses. Over 40 workplaces were provided with information about the development and implementation of a successful workplace smoking policy.

City of Regina Workplace Policy

HELP US
CLEAR THE AIR
We are striving for an environment which contributes to the health and comfort of everyone in the building.
PLEASE
refrain from smoking.
Thank You

In response to City Council's decision to provide a smoke-free workplace for City of Regina employees, a committee was organized representing various levels of employees and including representatives of unions, other employee groups and both smokers and non-smokers.

Response from a survey of all City employees revealed a high degree of interest in the City's smoking policy. Seventy-six percent of employees favored a workplace smoking policy; 75% thought the City should also provide smoking areas for employees.

Phase I of the workplace smoking policy was implemented in City Hall on September 1, and Phase II, which included several major City facilities, was implemented on December 1. Prior to each phase, members of the committee visited workplace sites in order to orientate staff to the policy and new signage.

In December, City Hall employees (Phase I) were surveyed in order to evaluate the effectiveness of the new smoking policy. Results of the survey indicated that, with minor exceptions, the policy was working very well.

Bylaw Respecting Smoking in Public Places.

A program was developed to increase the public's awareness of the bylaw. A radio and poster campaign with the theme "Help Us Clear the Air!" was developed.

7. Healthy Cities

On November 25, Dr. Trevor Hancock was invited to visit Regina to give presentations on the Healthy Cities Project. He gave three lectures in all to public health staff (City and Province), to a meeting at the Regina General Hospital Auditorium and to invited guests, Councillors, department heads and community representatives at a luncheon in the Forum at City Hall. The concept is that a healthy community encompasses not just public health, but also the entire scope of housing, economics, caring, parks, etc. A coordinated approach by all sectors of society toward health promotion is required. The Healthy Cities Project began in Europe and is being promoted in Canada. It is hoped that this will be a stimulus for Regina to review its health status and develop appropriate indicators and ways of effecting improvement.

8. Food Handling Courses

A 2.5 hour Food handling course was developed in order to acquaint people in the industry with proper food handling techniques and thus help prevent food-borne illnesses. The course has become very popular with Regina food handling operators. In 1987, twenty-one food handling courses were taught with 557 in attendance. Establishments participating included: public eating establishments (20), day care centres (4), special care homes (8), clubs (7), and miscellaneous (4). More courses are scheduled for next year, with the department's goal being to reach each employee and operator in the food handling industry.

9. Swimming Pool Operators' Course

Courses are run for operators and owners of public or semi-public pools in order to acquaint them with swimming pool regulations and safe and healthy methods of pool operation and maintenance. In 1987, three courses were held with 77 in attendance.

10. Health Education Materials

The Health Department seeks to provide professionally accurate and up-to-date information on a variety of health topics. In addition to assessing and utilizing materials from other jurisdictions, it also produces educational materials relevant to current health situations (for example AIDS) and to the Regina scene.

In 1987, a number of materials were developed concerning subjects such as:

- -food handling
- -insect control
- -flood control
- -maturation pamphlet
- -public health nurses' role in the high schools
- -vitamin/fluoride guidelines for infants and children
- -support services for smokers
- -sports nutrition
- -Native Programs pamphlet
- -safety posters

11. Health Talks

Each year numerous requests are received for health department representatives to speak to groups on a variety of health topics. These presentations are beneficial since they allow for accurate health information to be disseminated to large numbers of people.

The number of sessions, as well as individuals in attendance, more than doubled from the previous year, with AIDS being a particularly popular subject.

Health Talks to the Community

	1986	1987
Public health nursing: number of sessions	154	337
number of persons	2,406	5,052
Nutrition: number of sessions	110	117
number of persons	2,267	2,477
Other: number of sessions	21	27
number of persons	630	780
Total: number of sessions	285	481
number of persons	5,303	8,010

Topics included: AIDS/STD, communicable diseases, human reproduction, family planning, child abuse, stress, discipline, hygiene, nutrition, infant feeding, healthy lifestyles, child care (babysitting), care of the sick child, personal/home safety, first aid, "Are You An Askable Parent", budgeting, blood pressure, PHN role, smoking cessation, weight management and food handling.

Groups addressed included: Community College Adult Upgrading, teachers, community associations, mental health lifestyles class, Open Door, Saskatchewan Abilities Council, Early Learning Center, Facts of Life Line, Volunteers, Foster Parents Association, Paul Dojack Youth Centre, Wascana O.T. Department, Myer's House, Correctional Centre, Extendicare, SADAC, firefighters, Regina Native Women, R.N.W. Girls Centre, Native Alcohol Centre, Native Youth Community Services, M.O.M.'s groups, Dale's House, Independent Living Skills, Day Care attendees, cubs, Merici Centre Cosmetology class, Parents of Twins and Triplets, and students (nursing, retail trainees, day care trainees, dental assistants).

12. Displays

Use of displays provides the department with the advantage of bringing health information directly to the community. This year, a number of displays were set up at schools, conferences and shopping malls and other community locations. Topics for

displays included:

- National Non-Smoking Week
- Nutrition Month
- Smoking in the Workplace
- World Food Day
- Insect and Rat Control
- Childbirth through Childhood
- Child Abuse Prevention Week
- Prenatal Display
- Native and Seniors' Programs

13. Media

The Health Department has long recognized the benefits of the media in reaching the public with important information. Similarily, the expertise of staff members is often sought by members of the media.

Many senior and other staff members were involved in media interviews regarding current and ongoing health issues. Some of these include: AIDS, immunization, communicable disease, Regina water, pest control, workplace smoking policies, weight management, food poisoning, primary prevention role of public health nurses, preschool, Seniors' wellness group and prenatal classes.

Native Health Programs

Staff

I987 was a year of staff changes for this program. We were fortunate to secure the services of a native baccalaureate nurse as Program Coordinator in January. In February, one Community Health Worker (CHW) retired and this position remained frozen for the balance of the year. The other CHW resigned in July. The program coordinator remained the only staff person until November. At that time, the vacant CHW position was reclassified to a registered nurse position and was filled.

Activities

The new Coordinator made initial contact with all native agencies in Regina and provided additional liaison as required. She provided health education every two weeks to the Native Alcohol Centre, and on a monthly basis to the Indian/Metis Re-Entry Program. Additional opportunities for teaching arose through the year at Peyakowak, Native Girls' Centre, Early Learning Centre (and Parent Support Group), Youth Unlimited and Riel Local (Parent Aides).

Two inservice sessions were presented to the Nursing Division. The coordinator was involved with orientating many nursing students to the program. In addition, a student with the Indian Health Careers Program (Saskatchewan Indian Federated College, University of Regina) spent I7 weeks through the summer with the Native Health Program.

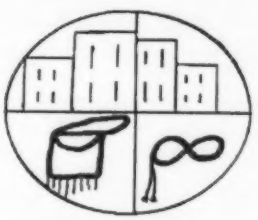
Program staff worked closely with Healthiest Babies Possible, Wasakaw Pisim, Circle Project and Early Learning Centre. The inter-agency Native Health Committee was resurrected by the coordinator in February, and seven meetings were held. A new Native Programs pamphlet was designed and printed, outlining the program and its goals. Each member of the Native Health Program has her own caseload, and has become a part of the native community in Regina.

Clare McNab, Mona Jacobs and Enola Kayseas put on a puppet show about nutrition.

Visits to the homes of native families numbered 1,752, with 1,232 visits being made by public health nurses and 520 by community health workers. During the year, 27 native mothers visited our child health clinic located at the Native Women's Association in the North Central area. This clinic maintained an average attendance of 6.2 during each of the 12 clinic sessions, with a total attendance of 74.

Program Statistics

The Native Health Program



There was the equivalent of only one CHW for 8.5 months during 1987. This should be considered in comparing the workload statistics with previous years. The Program Coordinator's statistics are included with those of Nursing Division.

Community Health Worker Services

	1985	1986	1987[1]
Attendance at Child Health Clinics	63	59	37
Assisted at Schools (1/2 days)	50	65	36
Home Visits			
-Independent visits	1,159	1,232	517
-Made with other CHW	25	20	3
-Made with P.H.N.	41	20	10
Transported Clients to			
-Immunization/CHC	94	25	10
-Other health appointments	57	37	12
Community Services			
-Contact with Native groups	46	2	10
-Visits to hospitals (postnatals)	99	94	19
-Patients visited	177	208	47

[1] January to July

Family Health Programs

1. Infant and Preschool Services

Child Health Clinics

Public Health Nurses provided child health clinic services at 15 locations throughout the City. Frequency of clinics at each site varied from four days per week to once a month. During 1987, 10,687 clinic visits were made for the purpose of screening for health problems, immunization, counselling and referrals. Pediatrician Consultant Clinics were available by appointment.

Attendance at Child Health Clinics

	1985	1986	1987
No. of visits	11,521	11,223	10,687
No. of clinic sessions	647	629	614
Average attendance	18	18	17.4

Of the 10,687 visits, infants accounted for 6,202, preschooler for 4,365 and the remaining 120 were school-aged. Immunization was provided at 83% of all CHC visits.

Four-Year-Old Birthday Checkups

All Regina four-year-olds were invited by letter to come for a checkup which included screening for vision, hearing, speech, development and general health, with immunization given as required. Those receiving the checkup numbered 2,318, accounting for 79.4% of the eligible population of 2,918 four year olds.

Preschool Vision and Hearing Screening Program

June Tarr, Public Health Nurse, screens a preschool child's hearing

Pre-school children predominantly aged three and four, are screened for vision, hearing and development (P.D.Q.) at special vision and hearing screening clinics held at Central or Branch Offices (54), Day Care Centre (25), and Nursery Schools (5) as well as the four year-old birthday checkups. During 1987, 2,116 received initial vision screening and 104 received repeat screening. Of this number, 1,978 were found to have normal vision, 22 had a stable known defect, and 101 (4.7%) had a new defect detected. Referrals numbered 140.

Initial audiometer screening was administered to 2,033 pre-schoolers, with 132 requiring repeat screening. Normal hearing was assessed for 1,968, while 17 had a known defect and 96 (4.7%) had a new defect detected. Referrals numbered 142.

Day Care Centres and Nursery Schools

Nurses made 120 visits to day care centers and 37 to nursery schools. Services included vision and hearing screening, communicable disease screening and investigation (816), health teaching, and other health concerns.

Home Visits

Parents of infants and preschoolers also received health information and counselling through home visiting by public health nurses.

	1985	1986	1987
Number of infant visits	3,871	3,903	4121
Number of preschooler visits	1,688	1,739	2,120

2. School Services

Approximately 38% of each public health nurses' time is scheduled for the city's 114 schools (92 elementary, 15 high and seven other). Time spent at each school varies with the school's size and special needs, but the average is one half day per week for elementary and one day for high schools. This year, Harrow de Groot school closed and mentally handicapped students were integrated into both school systems. Two new schools, St. Angela de Merici and Henry Braun, were opened. Visits to homes on behalf of school children numbered 1,163. A further 433 school children received services at immunization or child health clinics.

School Services, 1985 to 1987

Service	Number of Recipients 1985	1986	1987
Health Assessment	2,592	2,392	3,198
First Aid	2,933	3,191	3,497
Immunization	4,707	4,635	4,262
Student Counselling (general)	4,167	5,351	4,826
Pregnancy Counselling			
-First Contact	115	55	32
-Follow-up	187	153	97
Parent Counselling	3,791	4,610	4,024
Teacher Counselling	4,980	4,840	5,265
Screening Procedures			
Hearing-first this year	7,250	7,027	7,951
-repeat this year	863	878	1,060
-referred	268 (4%)	262 (4%)	301 (3.7%)
Vision-first this year	16,393	19,638	21,030[1]
-repeat this year	2,390	1,757	1,926
-referred	1,137 (7%)	906 (5%)	1,023 (4.8%)
Scoliosis - screened	448	370	196
- referred	33 (7%)	22 (6%)	9 (4.5%)
Communicable Diseases	3,760	6,096	9,134
Classroom Instruction			
Number of Sessions	462	483	444
Number of Students	10,119	9,148	12,262

[1]Trained parent volunteers did initial vision screening for 12,180 students.

3. Home Visiting

Health teaching and supervision took place during 7,225 visits made to individual homes. Visiting, travel and recording time totalled 7,621 hours. Visits made, in addition to those mentioned elsewhere in this report included: Adult (3,068), Senior Citizen (395), Postnatal (3,467), Sudden Infant Death (12), Suspected Child Abuse (11) and Boarding Care Home (67). The provincial SAIL program (Saskatchewan Aids to Independent Living) led to 52 home visits, 55 phone calls and the requisitioning of 45 SAIL equipment items. An additional 9,748 telephone consultations were held with the public, plus 2,334 consultations with physicians, health, education and social agencies.

4. Referrals

Nurses made 52 referrals to the Department of Social Services including 20 cases of suspected child abuse, and 53 individuals were referred to V.O.N. or Home Care. Nursing Division received 3,002 referrals from other agencies, including S.A.I.L. (1,961), hospitals (912) and others (129).

5. Boarding Care Homes

Boarding Care Homes are private homes in the community which care for one to three senior citizens. They have been licensed since 1973 under City of Regina bylaw No. 5128. In 1987, nineteen homes caring for 54 patients were licensed.

The department is concerned that there also are a growing number of larger homes caring for four to 15 patients. These homes, fall under the jurisdiction of the provincial government but are not licensed. Although the provincial department of Health has drafted legislation for licensing and monitoring these homes, this much needed legislation has not been passed.

Administration Reports

1. Medical and Pediatric Services

Medical and pediatric services were again provided by a pediatrician. These include direct clinical services to mothers and their children, and telephone consultative services to staff members, private practitioners, and other professionals relating to communicable disease control and public health programs.

Direct clinical services continued to be offered twice weekly. During 1987, 204 children were examined. Of these, 55 required referral to a private physician or community agency.

Reasons for referral	Number
Articulation and/or language delay	26
Otitis media.	10
Developmental delay	3
Hearing deficit.	2
Strabismus	2
Feeding problem.	1
Failure to thrive	1
Miscellaneous medical.	10
Total	55

There were two outbreaks of food-related illness in health care institutions in early summer. These resulted in increased demands for medical consultation and advice.

A review and updating of the Immunization manual begun in 1986 was completed. As well, an International Travel manual for use by the immunization clinic was developed.

2. Public Health Nursing

Staff

The Public Health Nursing Division was staffed with 40 nurses, including one nursing director, three assistant nursing directors, 30 community district nurses, three immunization nurses, one STD/TB nurse, and two Special Programs nurses with a native community focus. A staff turnover rate of 7% was due to the resignation of one nurse and one Community Health Worker (CHW), plus one CHW retirement. Four maternity leaves were taken during the year, with two of them taking an extension of the regular leave of absence. A vacant CHW position was frozen for 45 weeks and one 18 week maternity leave was not covered.

Community Involvement

Involvement with community and interagency groups is viewed as essential for community health nursing. Nursing staff are represented on the following committees: Regina Child Abuse Prevention Committee (and Search and Executive Committees), Mobile Crisis Board (and Personnel and Executive Committees), Compassionate Friends Advisory Board, Community Health Administrative Nurses, Family Service Bureau Board (and Counselling, Homemaking, Executive, and Native Homemaking Review Commit-

tees), Wascana Institute of Applied Arts and Science Liaison, Interagency Family Life, Merici Board (and Personnel Committee), Saskatchewan Public Health Association Conference Planning Committee, Family Life Advisory Committee (Board of Education), Facts of Life Line Advisory Committee (and Volunteer Training Committee), and the Health Education Association of Saskatchewan, the Regina Liaison Committee ("Youth Connection"), Sexual Abuse Committee and the Native Health Committee. The STD/TB nurse served on the AIDS Regina Advisory Board, AIDS Advisory Coordination Committee and liaised with the TB clinic.

In addition, the Director of Nursing served her professional organization on the Canadian Nurses Association Ad Hoc Committee on Health Care Reform, and as chairperson of the SRNA Newsbulletin Advisory Committee.

Internal Committees

Internal committees and work groups serve to accomplish tasks while developing personal and group skills among employees. The following committees met during 1987: Nursing Administration, Division Head, Supervisors, Teams, High School Nurses, Communicable Disease, Inservice, Prenatal, Safety, Health Is It, Family Life, Day Care Issues, Immunization, Cathedral Wellness Group and Job Sharing.

New Programs, Projects and Activities

Cathedral Wellness Clinic for seniors was further evaluated. A special promotion to all seniors' high rise apartments and organizations failed to solicit increased interest. Clinic hours were shortened in February, and in the fall the weekly clinic was discontinued. The popular monthly Pot Luck Luncheon plus health education was continued, however with an opportunity given for counselling after each session.

The Regina Child Abuse Prevention Committee received a $25,000 donation from Burger King to fund a half-time coordinator. The coordinator was hired in September and the department provided secretarial assistance and office space.

A survey of school health records revealed 65 known diabetic students in the school system. There were none or only one at 88 schools, 13 schools had two or three, and one school had six. As well, the division participated in a University of Regina Masters student's study on mother/toddler interaction. The use of health department services by out of town recipients was monitored during June-August.

In response to the Mayor's Task Force on Women's Issues, a report of Nursing Division's programs and services to women and children was prepared. The Health Department audit which began in October presented an opportunity for nursing program review.

Each Assistant Director of Nurses rotated to a new nursing team in August. This provided them with an increased knowledge and experience in various district programs, as well as bringing to the nursing teams different viewpoints and strengths.

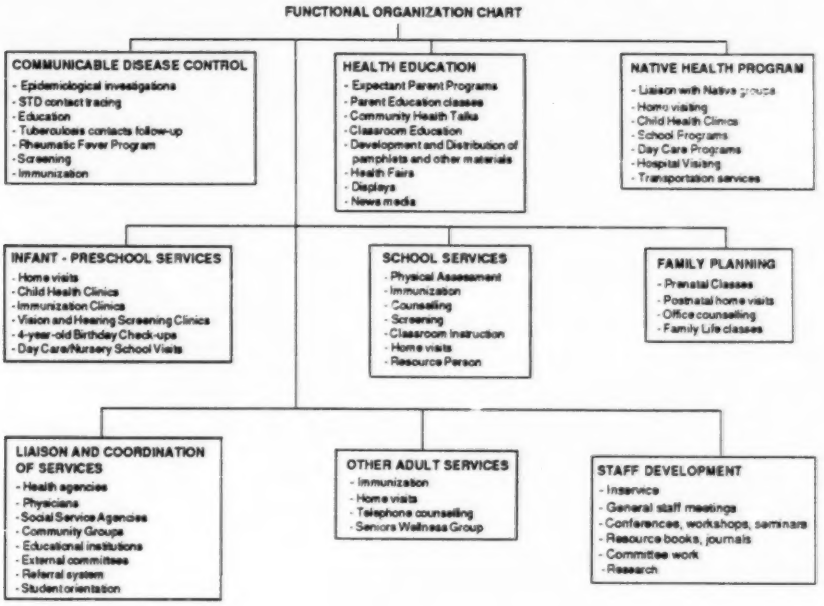
A Community health clinical experience was provided from April 27 through May 29 to eight College of Nursing students from the University of Saskatchewan. Nurses also served as field guides on an additional 145 occasions for diploma nursing students from WIAAS.

At the Saskatchewan Public Health Association Annual Meeting, J. Fowler spoke

on "'Cooperaction' in Child Abuse Prevention", and M. Bjerke spoke about the Seniors Wellness Clinic as a joint V.O.N.-Public Health venture.

Staff Development

Each member of the Nursing Division averaged 8.75 days of staff development during 1987. This was accomplished through 25 Inservice Sessions (28 hours) and 10 General Staff meetings (11 hours). As well, individual staff participated in 45 external workshops for an average of 1.5 workshops and 31 hours per nurse.



3. Environmental Health Division

Responsibilities

The Environmental Health Division continues to strive to make our environment a healthier and safer place in which to live. It does this by preventing health hazards from arising and by removing those hazards that do exist. Continuing efforts are being made to improve sanitation standards throughout the city by instructing and educating the public and by enforcing legislation. In 1987, a total of 22,858 inspections, investigations, consultations and tests were done by the staff. A total of 1,249 complaints of various natures were also attended to. This represents an increase of 28% over 1986.

Staff

This division has a full complement of eight district public health inspectors, one senior public health inspector, one chief public health inspector and a clerk typist. One district public health inspector left in June and was replaced with a casual public health inspector in July.

Professional Development

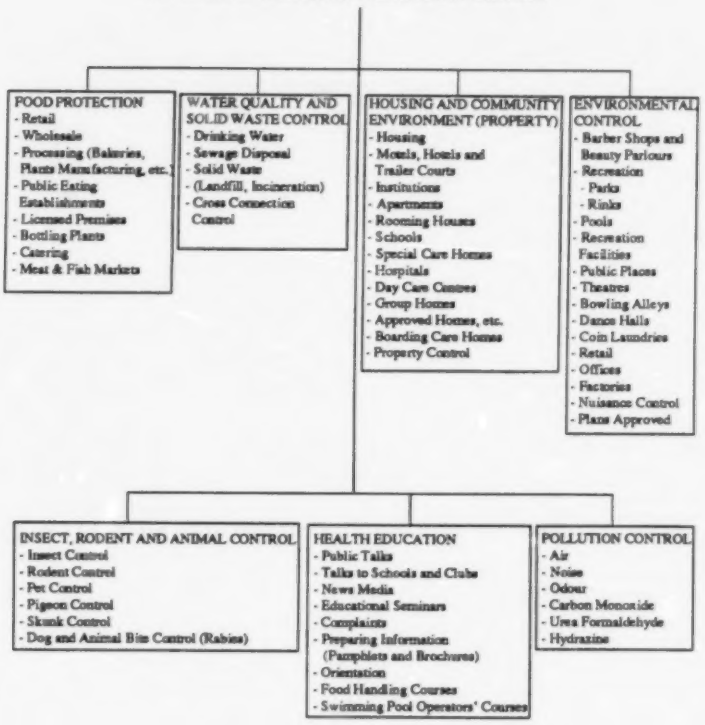
One public health inspector attended a two-week upgrading course offered annually at the University of Saskatchewan, Saskatoon. This gives the Division the opportunity to keep up with the changing times and technology.

Workload

This year the division has given up the administration of Section 130 of the Urban Municipality Act (untidy and unsightly properties) to the Urban Development Department. The division took on the administration of Bylaw No. 6849 respecting smoking in public places.

The division has had a very successful year. The inspectors greatly appreciate the co-operation from all other divisions within the department, other city departments, the general public, elected officials and government agencies.

FUNCTIONAL ORGANIZATION CHART



4. Nutrition Division

Mandate

The Nutrition Division

1. identifies the nutrition education needs of the community.
2. is responsible for planning, implementing and evaluating nutrition education programs for Health Department staff and the public.
3. provides nutrition information and/or counselling to health professionals and the public.

Staff

The division is comprised of two nutritionists. In June, the Senior Nutritionist retired and the position was filled in July. Due to fiscal restraints, the Nutritionist position was changed to part-time, casual status, and the program plan for 1987 was adjusted to reflect the change in the staffing complement. As a result of staff changes, the division functioned with approximately 25% less staff time for the second half of the year. The Nutritionist position will hopefully be restored to full-time, permanent status to allow for expansion of Teacher Workshops and further development of at-risk prenatal services.

Workload

Nutrition consultations to the public increased. One hundred and twenty-five hours were spent in individual diet counselling. Efforts will continue to increase the number of referrals to hospital Out-Patient Diet Counselling services. Staff consultations declined due to the unavailability of a full-time nutritionist at the Branch Office. This is unfortunate because staff consultations have the spin-off of reaching many people.

Although the number of group presentations slightly increased, the number of attendees significantly increased. This reflects successful targeting of presentations.

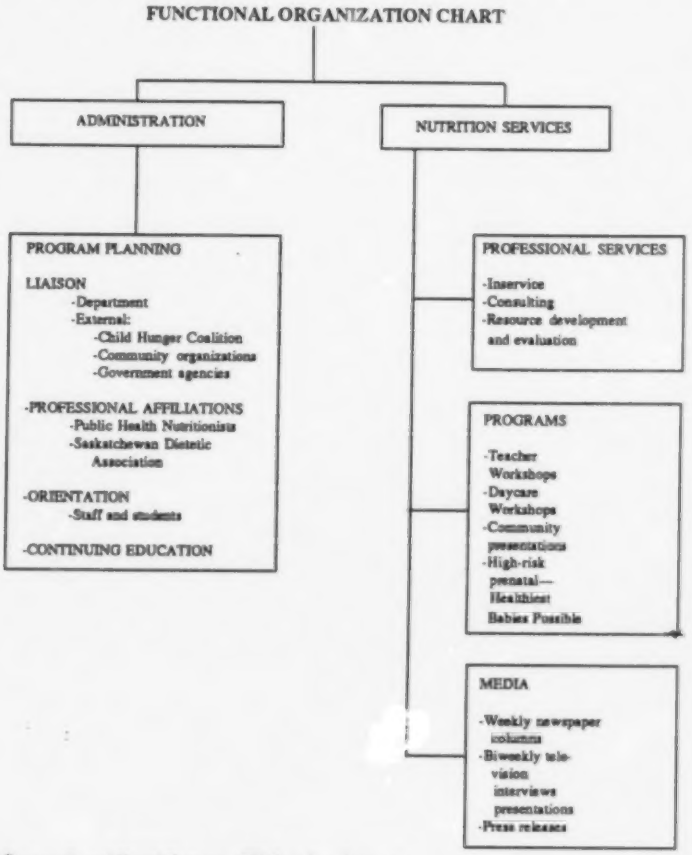
Inservices were offered bi-monthly based on the staff needs assessment survey completed early in the year.

Hours spent in meetings significantly increased in 1987, largely due to the department's involvement in both an internal review and an external audit.

Sixty-five hours were spent orientating staff, students or interns. This year's drop in hours spent orientating will not necessarily continue as it is very dependent upon the staff turnover rate. We will continue our committment to provide education to Dietetic Interns.

Division Planning

The strategic planning for the Division is derived through a process of analyzing needs and existing services for nutrition education. To do this the annual community profile was completed and program objectives were developed. A three year projection was also completed.



5. Biostatistics Division

Research and Statistics

This division maintains a data base of health statistics for the department and provides assistance with data collection procedures. It also assists in the analysis and interpretation of birth, death and communicable disease statistics. The division co-operates in research and planning for the Health Department and may also assist in or directly plan programs to meet the changing needs of the community.

Computerization

This division is responsible for developing microcomputer applications for the Health department. Several systems were computerized in 1987. These included communicable disease reporting, child health clinic attendance statistics, prenatal registration data, health data (population, births, deaths, communicable diseases), Quit For Good program data and a nutrition survey of Seniors.

Health Education and Promotion

Quit For Good - This division administers the Quit For Good program including training staff, updating program materials, monitoring and evaluation.

Bylaw respecting smoking in public places - This division assisted with the administration of the bylaw. It also developed a media and poster campaign to raise the public's awareness of the bylaw. The division also assisted in developing appropriate smoking policies for City arenas and pools.

Smoke in the Workplace Committee - The biostatistician provided resources and background material for the committee; developed a support program for City employees who smoke; and with other members of the Implementation Sub-Committee, developed signage to be used in conjunction with the City's policy.

"The Community and AIDS Prevention" Conference - This division was responsible for the organization and coordination of the conference.

Other - The division also provided assistance to the department in preparation of displays and educational materials. The Biostatistician was also one of the three persons on the planning committee for National Non-Smoking Week in Regina.

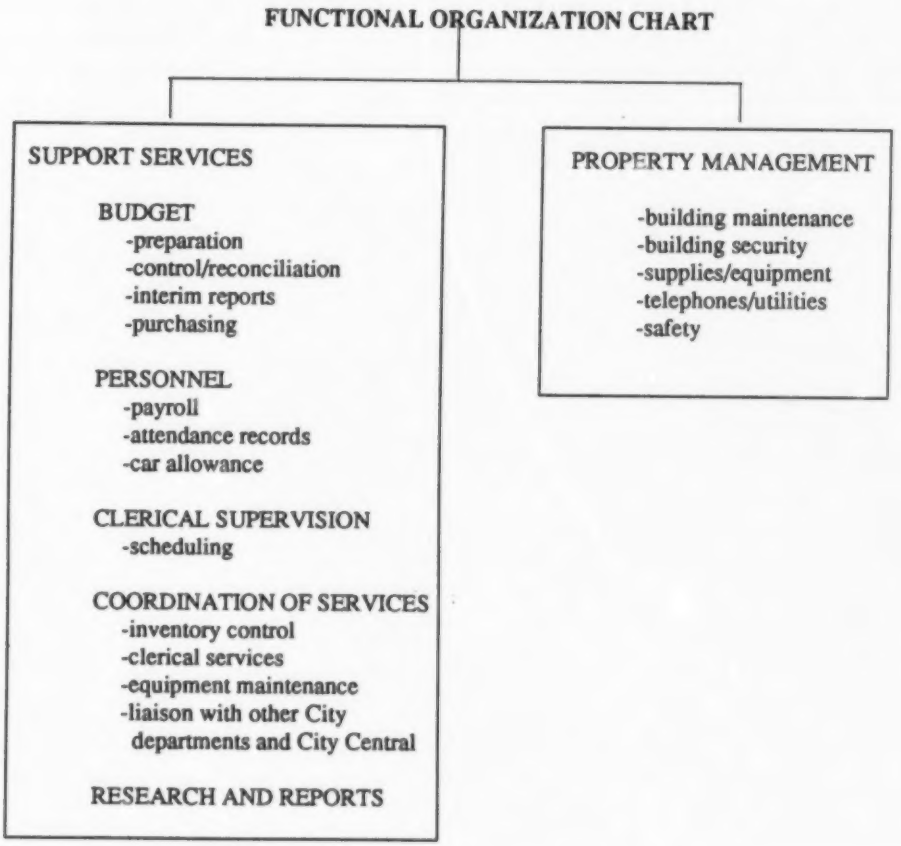
Other Responsibilities:

These include administration of the Boarding Care Home bylaw; coordination of special department projects, the annual report, information for other reports and directories, production of special reports; and representation on the Saskatchewan Interagency Council on Smoking and Health (Vice-President).

FUNCTIONAL ORGANIZATION CHART

COMPUTER APPLICATIONS
- Demographic health data
- Management information data
- Program data
- Workload statistics
STATISTICS
- City of Regina demographic & health related statistics (population, births, deaths, communicable disease)
- Production of monthly & annual statistical reports
- Statistical analysis
- Maintenance of statistical resources
- Assistance to divisions
RESEARCH AND PLANNING
- Research of specific health related subjects
- Preparation of reports
- Surveys
- Assistance to divisions
- Program evaluation
- Maintenance of reports and legislation
HEALTH DEPARTMENT INFORMATION
- Annual Report
- Information for Community directories
- Rally Regina
- Provincial annual report
QUIT FOR GOOD PROGRAM
- Staff training and administration
- Resource materials
- "Quit for Good" in the workplace prog.
- Promotion of program & National Non-Smoking Week
- Consultant regarding smoking
HEALTH PROMOTION
- Conferences
- Preparation of educational materials (displays, pamphlets)
- Promotional events
- Media interviews
- Public service announcements
BOARDING CARE HOME BYLAW (No. 5128)
- New license applications
- Annual license renewal
- Follow-up of complaints
- Liaison with Saskatchewan Health, RAPS
- Reports regarding pending provincial legislation

6. Administrative Services Division



Responsibilities

Office management including budget preparation and control, all purchasing, building maintenance and security are primary functions of this division.

Staff

Responsibilities are carried out by a clerk VI, a clerk-steno, a clerk typist and two caretakers at the central office and a clerk typist and a caretaker at the branch office.

Budget and Expenditures

The 1987 operating budget totalled $2,748,400. Personnel services and related payroll costs comprise 93.8% of the budget, with the remaining portion being operating costs.

Expenditures by Major Programs, 1986-7

Program	1986	1987
Environmental Health	440,500 (16.4%)	452,300 (16.5%)
Public Health Nursing	1,649,000 (61.3%)	1,705,400 (62.1%)
Nutrition	79,300 (3.0%)	80,900 (2.9%)
Administration	521,900 (19.4%)	509,800 (18.6%)
Total	2,690,700	2,748,400

Revenue

Negotiations have taken place over the last few years in an effort to increase the per capita grant the province gives to the City for maintaining public health services. The grant was substantially increased in l987 from $3.35 to $5.58 per capita. This amounts to 35% of the cost of public health service to the population of the health regions throughout the province. The population base for Regina (SHSP) was 178,520, but the final grant payment reflected a adjustment to the population because of the census figure and there had been an overpayment of grants over the last five years. We also received $91,300 in grants for special initiatives, and for contact tracing of sexually transmitted diseases.

The department also receives fees for some programs. The smoking cessation program conducted classes in several workplaces during the year as well as for the general public; total revenue realized from the program was $13,400. The immunization program for international travellers is ongoing with $5,100 collected for required immunizations. Boarding care homes are also licensed by the department, the license fee being $100 per year.

Financial statement - December 31, 1987

Expenditures		
Salaries	$2,256,700	
Contributions to Civic Pension	120,100	
Canada Pension Plan	29,300	
Unemployment Insurance	56,800	
Professional Memberships	6,800	
Car Allowances	94,300	
Uniforms	15,500	
Honorariums, wages	7,300	
Supplies and materials	29,700	
Laundry	1,000	
Reference books and subscriptions	2,400	
Education and training publications	5,400	
Audio-Visual materials	2,500	
Seminars, conventions, business trips	9,500	
Printing and duplicating	20,600	
Office furniture and equipment	3,200	
Equipment maintenance	3,300	
Postage/freight	600	
Repairs and building maintenance	16,800	
Telephone	20,700	
Electricity and gas	21,200	
Water and sewer	1,400	
Contracts and miscellaneous	17,400	
Advertising	700	
Computer services - Systems	1,900	
Microfilming	3,300	
Total		$2,748,400
Revenue		
Fees:		
Boarding Care Home license fees	$ 1,900	
Medical Services fees (immunization)	5,100	
Other fees - burial permits $ 100		
- registration fees 13,400	13,500	$ 20,500
Grants:		
Provincial Per Capita*	$598,100	
Other Provincial Grants	91,300	$ 689,400
From City revenue		$2,038,500
Total Revenue		$2,748,400

***An agreement to increase the per capita grant to $5.58 was reached in early 1988 retroactive to 1987. The additional funds of $372,500 were received in 1988 and a balance of $238,100 has been placed in a reserve fund for the continuation of and/or enhancement of public health programs.**